Module 6: Goal Setting

Objectives

- To understand the concept of goal setting in Brief CBT
- To acquire skills to set feasible and appropriate goals in Brief CBT

What is goal setting, and why is it important to set goals in therapy?

Goal setting is the process of collaboratively identifying specific therapeutic outcomes for treatment. Goals must be observable, measurable, and achievable and relate to cognitive or behavioral changes relevant to the patient’s presenting problem. Goals are tied to specific skills to be addressed in treatment. Goals increase the continuity of sessions, allow for directed, focused treatment, and enable the patient and therapist to assess the progress of therapy and identify change in an objective manner.

When? (Indications/Contraindications)

In addition to identifying the problem and building rapport, goal setting is one of the first therapeutic activities to be completed in Brief CBT. Although goals can be changed/modified at any point during therapy, to maximize applicability and benefit to the patient, a preliminary set of goals should be established and agreed upon by the end of the first or second session.

How? (Instructions/Handouts)

Goal setting begins with the identification of broad goals. These are global and refer to areas of functioning (e.g., family, work, social relationships, financial concerns, health, etc). Broad goals are closely tied to the therapist’s case conceptualization and the patient’s presenting problem.

Once broad goals are identified collaboratively, the patient and therapist prioritize goals. This process involves determining the most central issues that cause concern and arranging them from most important to least important. Starting with the problem that has the best chance of being solved can help increase the patient’s commitment to therapy. If one skill is prerequisite to a subsequent goal, that goal can also be prioritized in treatment (e.g., relaxation before exposure, awareness of thoughts before thought challenging).

Use a graded approach to goals, in which you take small steps in service of the larger goal each week through session content or homework assignments. Identifying and sequencing action steps involves breaking each goal into smaller steps to help the patient know what to do at every stage of accomplishing the goal without feeling overwhelmed by a huge task.

Once goals have been identified and prioritized, they are operationalized, which involves defining the goal and all the steps that it will take to achieve it in concrete, observable/measurable cognitive or behavioral terms.

Example

Goal: Learn two cognitive and two behavioral strategies for coping with stress.

- Operational Cognitive Goals
  - Learn and use thought testing and problem solving to manage anxious thoughts/situations

- Operational Behavioral Goals
  - Plan and complete one pleasant or social activity per week
Assessing Facilitators, Barriers, Importance and Confidence

Once a goal or multiple goals have been established, it is critical to assess the patient's situation and attitudes about the goals. For example, ask whether there are aspects of the patient's life that may facilitate or inhibit the goal. A strong family and social-support system may help a patient to reach his or her goal, but a functional limitation may create an obstacle. Explore facilitators and barriers and discuss strategies to maximize the chance of goal attainment.

Assessments of importance and confidence are also important. Ask the patient to rate the importance of the goal on a scale of 0 to 100 (where 0 is not important and 100 is very important). Discuss ratings lower than 60 or so, and refine goals to increase meaning. Similarly, ask the patient to rate his/her confidence in obtaining the goal. Here, confidence ratings could be a little lower but would hopefully increase as treatment progresses.

Troubleshooting Goal Setting

Some clues that goals may need modification are worsening symptoms, no change in symptoms, patient failure to complete homework (see Module 8: Homework), and patient/collateral report that the patient is not benefitting from treatment. In these cases, it is important to revisit initial goals with the patient and elicit his/her feedback about the progress of therapy (“What do you find helpful?”). Often, too-ambitious goals need to be modified. In these cases, it is important to frame the revision in terms of taking small steps towards lasting change, normalize the difficulty of making changes when depressed or anxious, and join the patient (“I think I may have gotten a little ahead of myself; let’s modify these a little, so that they can be the most help for you”; “I may have missed the mark on this one; what do you think about adding/changing/removing a goal?”). Goal revision should not imply to the patient that he/she has failed in therapy. It is an opportunity to model functional change in response to changing situations.

If the patient is worsening, discuss any changes in context (e.g., relationship, work, sleep, medication compliance, physical health) the patient is experiencing. Create a new goal pertinent to what the patient believes is worsening and what might help. At this point, you should also consult a supervisor/colleague or other professional (e.g., patient’s treating physician).

If the patient is not improving, elicit his/her feedback about changes he or she is experiencing and his/her perceptions about why these changes have occurred. If a patient seems to have trouble understanding the assignments, focus on more concrete and behavioral skills.
**Tips for Goal Setting**

- Provide Rationale for Setting Goals.
  - This helps the patient understand the direction of treatment and how he/she will be involved in the process.
    - **Example:** "If you can identify what you want to change about your situation, we can then take steps to correct the problem."

- Elicit Desired Outcomes.
  - This involves the therapist’s assisting the patient in defining goals and specifying reasons for coming to treatment.
    - **Example:** "List a few things you would like to get out of therapy."

- Be Specific About What the Goal Is.
  - Determine each goal, what the goal is attempting to target, and what the patient’s role is in reference to the goal.
  - Guide the patient towards goals that require change from him/her (vs. others).
    - **Example:** "You said that you want your wife to listen to you. Since we can’t really make someone do what we want, what could you do to help you feel heard or cope with a situation when you don’t feel heard?"

- State Goals in a Positive Light.
  - This clarifies what the patient wants to do instead of highlighting what he or she doesn’t want to do.
    - **Example:** "List some things that you want, instead of things that you don’t want. For example, instead of ‘I don’t want to be depressed anymore,’ you could list, ‘I want to enjoy my favorite hobbies again.’"

- Weigh Advantages and Disadvantages of a Goal.
  - This aids in understanding the costs and benefits of the patient's achieving the goal.
  - It may be used to motivate an ambivalent patient or identify salient goals for a passive patient or a patient seeking to please the therapist.
    - **Example:** "What would be the benefits if you accomplished this goal? What might be some of the costs to you?"
Tips for Goal Setting (continued)

- Define Behaviors Related to Goal.
  - This instructs the patient what actions to perform in relation to the goals that have been set.
  - **Example:** “What would it look like if you were less depressed? If I saw you and you were feeling happy, what would I see? What do other people do when they are happy? What things do you think have changed in your life since you have been depressed? What did you used to do that you enjoyed that you don’t do anymore?”

- Define a Level of Change.
  - This determines how much a patient should do a particular behavior.
  - To increase the patient’s chance of success, set achievable goals. In other words, it is usually not reasonable to try to do something every day, and setting a goal like this will result in failure if the patient misses just 1 day. Alternatively, discuss the goal with the patient; and start small. If the patient succeeds, he/she is more likely to remain actively engaged.
  - **Example:** How often do you think it is reasonable to do something pleasant? Once a week?

- Regularly Evaluate Symptoms.
  - Track how effective the goals are in decreasing mental health symptoms and increasing functioning and quality of life.
  - For example, assess the following areas during the intake process, during the actual intervention strategy, and a month to a year after termination of therapy:
    - **Patient’s level of satisfaction with your assistance and the results of therapy**
    - **Amount of growth the patient experienced from the beginning of therapy to the end**
    - **Benefits obtained by the change made by the patient and which treatment was effective in helping to accomplish the goal**
  - Self-report tools, such as the Beck Depression Inventory or mood-tracking charts, and clinician-administered assessments, such as the Hamilton Depression Rating Scale, may be used as objective measures of change over the course of treatment.

Example Homework Assignments

1. Make a short list of broad goals. What areas of your life do you wish to improve (e.g. work, family, social, recreational, financial, health, etc.)? Think about which goal would be most important.
2. List three issues, in order of importance, that you want to discuss in the next session.
3. Weigh the pros and cons of each goal that we have agreed upon in treatment.
Supplemental Readings
